

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 418

BIRTH NO.		REG. DIST. NO. 49		PRIMARY REG. DIST. NO. 5175		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY <u>Candlen</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Macbs Creek R. 28</u> c. LENGTH OF STAY (in place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street name or location)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Candlen</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Macbs Creek Rural</u> d. STREET ADDRESS (If rural, give location) <u>0150</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>IRVIN</u> c. (Last) <u>YOUNG</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>18</u> (Year) <u>1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-10-1864</u>		9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>11</u> DAYS <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Young</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Woodall</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Young</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elden Young</u> ADDRESS <u>Macbs Creek Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia & Exhaustion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atrophic cirrhosis Liver</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5810</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 2 1/2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 13th</u> , 19 <u>49</u> , to <u>Jan 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 12</u> , 19 <u>51</u> , and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. J. Myers M.D.</u>		(Degree or title)		23b. ADDRESS <u>Macbs Creek Mo.</u>		23c. DATE SIGNED <u>1/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-20-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macbs Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Candlen Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-20-51</u>		REGISTRAR'S SIGNATURE <u>G. J. Myers M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u>		ADDRESS <u>Buffalo Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-30-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 1-30-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision of

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 2108

P. O. Address Buffalo, N. Y.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.